



RHODE ISLAND DEPARTMENT OF HEALTH

OFFICE OF FOOD PROTECTION

FOOD EMPLOYEE REPORTING AGREEMENT

Preventing Transmission of Diseases through Food by Infected Food
Employees with Emphasis on illness due to *Salmonella typhi*, *Shigella* spp.,
Escherichia coli 0157:H7, and Hepatitis A Virus

The purpose of this agreement is to ensure that Food Employees notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS and PUSTULAR LESIONS:

1. Abdominal Cramps
2. Diarrhea
3. Fever
4. Prolonged loss of appetite (more than 3 days)
5. Jaundice
6. Vomiting
7. Pustular lesions:
 - Pustular lesion on the hand, wrist, or an exposed body part
(such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (*Salmonella typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* 0157:H7 infection (*E. coli* 0157:H7), or hepatitis A (hepatitis A virus)

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, *E. coli* 0157:H7 infection, or hepatitis A.
2. A household member diagnosed with typhoid fever, shigellosis, illness due to *E. coli* 0157:H7, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* 0157:H7 infection, or hepatitis A.
4. Travel outside the United States within the last 50 days.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Applicant or Food Employee Name (PLEASE PRINT)

Signature of Applicant or Food Employee

Date

Signature of Permit Holder's Representative

Date

Note: This form was developed by the Food and Drug Administration and is available in the annex of the 1993 Food Code.